

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09784950

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3							53	1					
4		1					54		1				
5		1					55		1				
6		1					56		1				
7	1						57	1					
8		1					58		1				
9		1					59		1				
10	1						60		1				
11	1						61		1				
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17		1					67						
18		1					68						
19	1						69						
20		1					70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26	1						76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.		20					TOTAL IND.	20					
TOTAL DEP.		41					TOTAL DEP.	41					
TOTAL CLAIMS		61					TOTAL CLAIMS	61					